

# Financial Fact Sheet 2023-2024

**Introduction:** The American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) has created this Financial Fact Sheet to provide financial transparency to applicants on the true costs to undergo residency and fellowship education.

**Instructions:** The program will complete Part 1 of this form and publish it on the program’s website. The applicant will complete Part 2 of this form.

## Part 1: To be Completed by the Program

### Program Information

#### Program Information

**Name of Program:** Orlando Health Sports Physical Therapy Residency

**Physical Address:** 60 Columbia St, Suite 501, Orlando, FL 32806

#### Program Hours

**Educational Hours:** 5hrs/quarterly, for formal lectures and labs with clinical faculty and mentors

**Patient-Care Clinic / Practice Hours (inclusive of mentoring):** 32hrs/week patient care + ~8-10hrs/week sports/venue coverage

**Mentoring Hours:** 3hrs/week for 52 weeks, formal mentoring 1-on-1.

#### Program Travel

**Please indicate if participants are required to travel greater than 50 miles for any aspect of patient-care clinic/practice hours (does not include daily commute):** No

**Please indicate if participants are required to travel greater than 50 miles for any aspect of educational hours:** No

### Participant Costs

The program will provide all costs associated with this program.

Type of Cost	Year One	Year Two	Year Three	Total
Fees <i>Enter the amount of fees associated with the program (if applicable). Fees are any amount \$1,000 or less. If more than \$1,000, please enter that amount under tuition.</i>	\$ 0	\$ 0	\$ 0	\$ 0
<input type="checkbox"/> Fees for this program include: <input type="checkbox"/> CPR				

<input type="checkbox"/> EMR <input type="checkbox"/> APTA-Related Professional Membership <input type="checkbox"/> Dues (APTA, Section/Academy) <input type="checkbox"/> Other Professional Membership Dues <input type="checkbox"/> Other: Indicate other fees.				
Tuition (if applicable)	\$ 0	\$ 0	\$ 0	\$ 0
Curriculum Costs (not included in tuition above)	\$ 0	\$ 0	\$ 0	\$ 0
Required textbooks, software, apps (not included in program fees)	\$ 0	\$ 0	\$ 0	\$ 0
Application Fees (program assessed above and beyond RF-PTCAS)	\$ 0	\$ 0	\$ 0	\$ 0
Conference Registration Fees (not included in fees above)	\$ 0	\$ 0	\$ 0	\$ 0
Travel Costs (for program education requirements and conference attendance, if applicable)	\$ 0	\$ 0	\$ 0	\$ 0
Parking/Mass-Transit Fees	\$ 0	\$ 0	\$ 0	\$ 0
Mentoring Fees	\$ 0	\$ 0	\$ 0	\$ 0
Malpractice Insurance	\$ 0	\$ 0	\$ 0	\$ 0
Other program costs not included above: List other costs.	\$ 0	\$ 0	\$ 0	\$ 0
<b>Total Program Costs</b>	\$ 0	\$ 0	\$ 0	\$ 0

## Program Sponsored Financial Assistance

The program will provide any financial assistance provided to participants.

Type of Financial Assistance	Year One	Year Two	Year Three	Total
Salary Paid by Program	\$ 35/hour (dependent on experience)	\$ 35/hour (dependent on experience)	\$ 35/hour (dependent on experience)	\$ 35/hour (dependent on experience)
Student Financial Aid (for tuition fee programs only)	\$ 0	\$ 0	\$ 0	\$ 0
Graduate Assistantship(s)	\$ 0	\$ 0	\$ 0	\$ 0
Other Assistantship(s)	\$ 0	\$ 0	\$ 0	\$ 0
Scholarships	\$ 0	\$ 0	\$ 0	\$ 0
Travel Costs/Stipends	\$ 0	\$ 0	\$ 0	\$ 0
Student Financial Aid (for tuition fee programs only)	\$ n/a	\$ n/a	\$ n/a	\$ n/a
ABPTS Board-Certification Examination Fees	\$ (100% covered if passing grade while employed at OH)	\$ (100% covered if passing grade while employed at OH)	\$ (100% covered if passing grade while employed at OH)	\$ (100% covered if passing grade while employed at OH)
Other financial assistance not included above: List other financial assistance.	\$ 0	\$ 0	\$ 0	\$ 0
<b>Total Financial Assistance</b>	\$ (see above)	\$ (see above)	\$ (see above)	\$ (see above)

## **Part 2: To be Completed by the Applicant**

**Program Information** – This information can be found on the [ABPTRFE Online Directory](#)

### **Program Structure**

**Program Type:**

**Program Format:**

**Program Length:**

**2<sup>nd</sup> Program Format:**

**2<sup>nd</sup> Program Length:**

**Number of Participant Positions Each Calendar Year:**

### **Program Applicant Information**

**Application Deadline Date:**

**Program Start Date:**

**2<sup>nd</sup> Application Deadline Date (if applicable):**

**Program 2<sup>nd</sup> Start Date:**

**3<sup>rd</sup> Application Deadline Date (if applicable):**

**Program 3<sup>rd</sup> Start Date:**

**4<sup>th</sup> Application Deadline Date (if applicable):**

**Program 4<sup>th</sup> Start Date:**

**Format for Educational Hours:**

**Affiliated Practice Site Locations:**

**Mentor Appointment to Faculty:**

**Mentor Accessibility:**

## Applicant Financial Considerations

The applicant will consider the following related to their finances.

Participant Financial Consideration	Year One	Year Two	Year Three	Total
Salary Earned <i>(input your salary, not paid by the program, if you plan to continue your employment while undergoing the program)</i>	\$	\$	\$	\$
License Fees	\$	\$	\$	\$
Malpractice Insurance <i>(not covered by program)</i>	\$	\$	\$	\$
Cost of Living Expenses <i>(Forbes Cost of Living Calculator)</i>	\$	\$	\$	\$
Student Loan Payments <i>(if unable to defer during program)</i>	\$	\$	\$	\$
<b>Subtotal</b>	\$	\$	\$	\$
Loan Forgiveness <i>(if eligible)</i>	\$	\$	\$	\$
<b>Total Participant Financial Considerations</b>	\$	\$	\$	\$

## Applicant Financial Debt Summary

The applicant will utilize the total program costs, total program financial assistance, and total participant financial consideration, along with their current debt to calculate the cost-benefit ration of completing this program.

Debt	Total
Debt at time of admission to program <i>(current student loan debt)</i>	\$
Total program costs <i>(enter amount from total costs for entire length of program located above)</i>	\$
Total participant financial considerations <i>(enter amount from total financial considerations for entire length of program located above)</i>	\$
<b>Subtotal</b>	\$
Total program financial assistance <i>(enter amount from total program financial assistance for entire length of program located above)</i>	\$
<b>Total Debt After Completion of Program</b>	\$

Last Updated: 10/30/2023  
 Contact: resfel@apta.org